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PAT. & T.M. OFFICE BOARD OF PATENT APPEALS AND INTERFERENCES

□Hill, Steadman & Simpson 85th Floor Sears Tower Chicago, IL 60606



UNITED STATES DEPARTMENT OF COMMERCE **Patent and Trademark Office**

ASSISTANT SECRETARY AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

Paper No. 19pb.

Appeal No.: 2000-0456 Appellant: Nielsen, Jakob

Serial No.: 08/809,463

Hearing: Docket:

Room_A В

Date:

October 24, 2000

Time: Place:

1:00 p.m. Room 12C07

CRYSTAL GATEWAY 2 1225 Jefferson Davis Highway

Arlington, VA 22202

NOTICE OF HEARING **CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS**

Your attention is directed to 37 CFR § 1.194(a).

The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up.

The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced.

CONFIRMATION OR WAIVER OF THE ORAL HEARING IS REQUIRED. This form must BE COMPLETED BELOW and filed with the Board of Patent Appeals and Interferences preferably by facsimile within TWENTY-ONE (21) DAYS from the mailing date of this notice, indicating confirmation or waiver of the hearing. A copy of this form may alternatively be filed by mail if facsimile is not available.

Failure to file this form within the above time period will be construed as a waiver of the request for oral hearing. 37 CFR § 1.136(a) does not apply.

By Order of the Board of Patent Appeals and Interferences.

B.P.A.I. FAX No. is: (703) 308-7952 or (703) 308-7953 See 1108 Off. Gaz. Pat. & Trademark Office 15 (Nov.14, 1989) B.P.A.I. Mailing Address is: **BOARD OF PATENT APPEALS AND INTERFERENCES** COMMISSIONER OF PATENT AND TRADEMARKS WASHINGTON, D.C. 20231

Clerk of the Board (703) 308-9797

In all communications relating to this appea	al, please identify the appeal by its numbe	Г.
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in all communications	relating to this appear, please identity the appear by its number.
CHECK ONE :	☐ HEARING ATTENDANCE CONFIRMED.
	☐ HEARING WAIVED.

Signature of Attorney/Agent/Appellant	Date	Registration No.